

## **JUST THE FACTS: MENINGOCOCCAL DISEASE**

**Q:** What is meningococcal disease?

**A:** Meningococcal disease is caused by bacteria. Meningococcal disease can cause an infection of the covering of the brain and spinal cord (meningitis) or the blood. The bacteria can live in the membranes of the nose and throat, usually with no symptoms. In a small number of people, the bacteria pass to the blood, causing either a serious infection of the blood or meningitis.

**Q:** How is it spread?

**A:** The bacteria are spread from person to person by direct contact with an infected person's nose or throat secretions.

**Q:** What are the signs of being sick with this germ?

**A:** Illness often starts with a sudden fever, headache, stiff neck, a rash, and possibly nausea and vomiting. An infected person may be very sick within a few hours and should seek medical care immediately.

**Q:** How soon do symptoms appear?

**A:** The symptoms may appear 2 to 10 days after exposure, but usually within 5 days.

**Q:** When and how long is an infected person able to spread the disease?

**A:** A person may transmit the disease from the time a person is first infected until the germ is no longer present in discharges from the nose and throat.

**Q:** What is the treatment for meningococcal infection?

**A:** Certain antibiotics are very effective in eliminating the germ from the nose and throat. Penicillin is the drug of choice for treatment of cases of meningococcal disease.

**Q:** Who is at highest risk for getting the disease?

**A:** Babies, children and young adults are most likely to get the disease. People living in crowded places are at higher risk for infection. Outbreaks usually do not occur in school or workplace settings.

Q: Should people who have been in contact with a diagnosed case of meningococcal infection be treated?

A: Only people who have been in close contact (i.e., household members, intimate contacts, healthcare personnel performing mouth to mouth resuscitation, day care center playmates, etc.) need to be considered for preventative treatment. Such people are usually advised to obtain a prescription for rifampin, cipro, or ceftriaxone from their physician. Casual contact which might occur in a regular classroom, office or factory setting is not usually significant enough to cause concern.

Q: Can meningococcal disease be prevented?

A: Yes, the disease can be prevented by good hygiene. Cover nose and mouth when sneezing or coughing, throw used tissues away and wash hands often.

Q: Is there a vaccine available?

A: Yes.

Q: What vaccines may prevent a child from getting this germ?

A: Two vaccines are available to prevent this infection: Meningococcal Conjugate Vaccine (MCV4), which is *Menactra*. This vaccine is licensed in the U.S. for persons 11-55 years of age. It is likely that this vaccine or a similar vaccine will be licensed for younger age groups in the future. This vaccine is recommended for:

- Young adolescents at the pre-adolescent visit (11-12 years old)
- Adolescents at high school entry (about 15 years old)
- Previously unvaccinated high school students
- Groups that have a higher risk of meningococcal disease, such as students that will be college freshmen living in dormitories.

Meningococcal Polysaccharide Vaccine (MPSV4), which is *Menomune*

This vaccine is recommended for:

- People who have an increased risk of disease due to certain medical conditions who are age 2-10 years and over 55 years.
- People at high risk need revaccination every 3-5 years.

For questions about meningococcal disease or vaccines to prevent meningococcal disease, please contact your physician or your local health department.

